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Attorney Docket No.	1263.0700
First Named	d Inventor or Application Identifier
SIMO	N MICHAEL ROWE ET AL.
Everess Mail Lahel No.	

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b)) APPLICATION ELEMENTS Assistant Commissioner for Patents Box Patent Application Washington, DC 20231 **ADDRESS TO:** See MPEP chapter 600 concerning utility patent application contents. Fee Transmittal Form Microfiche Computer Program (Appendix) (Submit an original, and a duplicate for fee processing) 7. Nucleotide and/or Amino Acid Sequence Submission Х Specification Total Pages 161 (if applicable, all necessary) Computer Readable Copy Drawing(s) (35 USC 113) Total Sheets 19 Paper Copy (identical to computer copy) Statement verifying identity of above copies Oath or Declaration Total Pages 02 Newly executed (original or copy) **ACCOMPANYING APPLICATION PARTS** b. Х Unexecuted for information purposes Assignment Papers (cover sheet & document(s)) Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 17 completed) 37 CFR 3.73(b) Statement Power of Attorney [Note Box 5 below] (when there is an assignee) DELETION OF INVENTOR(S)
Signed Statement attached deleting English Translation Document (if applicable) inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS Incorporation By Reference (useable if Box 4c is checked)
The entire disclosure of the prior application, from which a copy of Citations the oath or declaration is supplied under Box 4c, is considered as 12. Preliminary Amendment being part of the disclosure of the accompanying application and is hereby incorporated by reference therein. Return Receipt Postcard (MPEP 503) 13. (Should be specifically itemized) Small Entity Statement filed in prior application Statement(s) Status still proper and desired Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. Other: 17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information: Continuation Divisional Continuation-in-part (CIP) of prior application No. 18. CORRESPONDENCE ADDRESS 05514 Х Customer Number or Bar Code Label Correspondence address below (Insert Customer No. or Attach bar code label here) NAME Address City State Zip Code Country Telephone Fax



CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
	TOTAL CLAIMS (37 CFR 1.16(c))	248-20 =	228	X \$ 18.00 =	\$4,104.00
	INDEPENDENT CLAIMS (37 cfr 1.16(b))	56-3 =	53	X \$ 78.00 =	\$4,134.00
	MULTIPLE DEPENDEN	T CLAIMS (if applicable) (37	CFR 1.16(d))	\$260.00 =	\$0.00
				BASIC FEE (37 CFR 1.16(a))	\$760.00
			Total of a	above Calculations =	\$8,998.00
	Reduction by 5				
				TOTAL =	\$8,998.00
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED				
NAME	ABIGAIL F. COUSINS, Q. No 29, 292			
SIGNATURE	Abianil Corsins			
DATE	JANUARY 13, 1999			

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